**GMS Documentation Report**

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| Member Name: | Date of incident: | Time: |
| Location of incident: | | Provider: |
| Staff/ Witness: | | Supervisor: |
| Staff/ Witness: | | Supervisor: |

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| 1. What happened before the event? What type of day was the member having? Were they following their normal routine? Was anything unusual happening in the environment around them? |
| 1. What happened during/ after the event (please include specific details as well as what was done to help redirect the event)? Was Prevention and Support used (what techniques)? Were there any injuries (location of injury, description, size, was first aid needed)? . |
| 1. What positive supports are being implemented to limit this event from happening again? |

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| Person completing this form: | | Date: |
| Parent Guardian Notified: | By whom: | Time/ Date:      / |